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ABSTRACT

The first point made in this presentation concerns the character of basic human needs, in relation to social groups and intimate relationships. Marjorie Fiske's report (1968) of the importance of confidants to the well-being of older persons has been replicated abundantly, but intimacy and confidants are not all people need. Older persons may also need help with money or caretaking when ill. Although grandparents continue to monitor their children and grandchildren, ready to jump in when needed, older people are glad to get on with their own lives among their peers. A review of recent gerontological caretaking research should convince readers that the best way to grow old is along with a spouse, preferably a wife. Most men use their wife or lover as their confidant. Most women turn to another woman, sometimes kin, sometimes not. In addition to friends or confidants, individuals need a community if they are to find life worth living. The second point for discussion illustrates how intimate relationships affect health and emotional well-being in extended families consisting of three generations. Poor health is related significantly to lowered happiness (not increased distress) for both men and women of the oldest generation. The effect of their perceived health status on the affect of their adult children and grandchildren, however, is much less profound. Their middle-generation daughters' happiness does not seem to be affected but distress level is higher; middle-generation sons shows no affect. (RH)

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Family Networks of Adults of Three Generations*

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The rule of thumb for a 20-minute talk, I was taught, is to express no more than two points and say them over and over. My two points today are, first, some reflections upon human needs and second, some musing about differential family salience as it relates to health and affect in some three-generational data.

Social Needs

I avoided, for many years, any consideration of absolutes about human basic characteristics. I did not want to consider whether any condition that might be observed empirically were right or wrong, good or bad, healthful or harmful. Similarly, I did not want to consider anything like needs. I used Murray's paradigm of needs in a pilot study of parent-child similarities in personality, but dropped it along the way, perhaps because of my general avoidance of needs. I nodded to the apparent truth of Maslow's heirarchy of human needs, but never dealt with it in my own thinking. I wanted to know instead what would go together with different contextual conditions and personal characteristics. An I felt that imposing assumptions of good or

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bad upon such observable conditions and characteristics would bias my thinking. If parents were non-communicative, what kind of culture would they fit into and what kind of world views would their children assume? It wouldn't matter whether non-communicative parents were better or worse for their children's cognitive performance or ability to stay out of jail than were parents who were open with their children and encouraged discussion over the dinner table. I preferred to keep an open mind. If some adults whom I was interviewing, reported that they had few or no friends, I wanted to see what other ways they might be different from other adults who reported that they had many friends. I did not want to speculate about whether it was good to have few friends rather than many friends, or vice versa. If old people who were highly involved with their children and grandchildren had lower morale than old people who spent most of their time with neighbors and friends, I wanted to know the correlates of those two conditions before deciding that it was bad for older people to have children and grandchildren.

This resolve to avoid needs has been slipping over the past couple of years, though, as I have been forced to ponder about some of the research findings about human relationships, friendships and kin. My admirable post-formal, relativistic mode of thinking may be deteriorating into a cognitively inferior absolutistic approach. The importance of confidants to the well-being of older persons, first reported by Marjorie Fiske

(Lowenthal & Haven, 1968) almost twenty years ago, has been replicated abundantly. It is not how many people you have available to you, who are concerned about you, ready to interact with you, or help you when you are in need, but your feeling that you can confide in them and that they will understand you when you do, which makes for a better life in old age, and, perhaps at any age. Consider all the terms that have floated past us over the past decades. What about object cathexis or absence of it in infancy? Attachment or lack of attachment of older infants? Intimacy or absence of it in adolescence and early adulthood? These constructs appear from different bodies of research and thinking but no matter what new labels they are given, they attest to the same common human need, I am beginning to think. On the other hand -- there is, I believe, an other hand -- we should not be so impressed with the importance of intimacy and the confidant function of human relationships that we think that is all we need. It is this caveat that I keep returning to.

Dealing with this paradox of human relationships in later life, I wrote a chapter called "Grandparents, the family watchdogs" (Troll, 1983). Occasionally, I am close to being completely satisfied with something I write, and this was one of those rare occasions. Here are a few of the paradoxical findings. Glenn and McLanahan (1982) showed us that there is little difference in well-being between older people, actually, generally healthy older people, who have children and those who

don't. Then there is the equally impressive finding that most old people who need help like caretaking when they are sick get it from kin, usually from wives if they are men and from children if they are women (e.g., U.S. Comptroller-General, 1977). When I edited a special issue on "Elders and their families" for the Western Gerontological Society a few years ago (Troll, 1982) I was bemused to see that almost every article submitted contained the same two points. One was a heated and eloquent attack on the myth of the abandonment of older people by their families. The other was the statistics about the percentage of older people taken care of by their families. In other words, there is an apparent contradiction between one set of data which show that family is good for older people and another set of data which show that family can be too much for older people. Of course, the way I have phrased it gives the synthesis away. It is good to have kin, particularly when you are in need, but it is also good to have friends with whom you can share those thoughts and feelings that you cannot usually share with your children. Your children always remain your children. Even when you are dying, I suspect, you must present a model for correct socialization. We need research that shows dying behavior when in the presence of children, in the presence of friends, or the presence of strangers.

Back to basic needs. We need more in life than care and concern, at least we do if we are not in a crisis situation. In

a crisis situation, which by definition is a transition, it may be that care and concern is all we can deal with. One intriguing finding pertains here. Elizabeth Bankoff (1983) found that middle-generation widows, in the period immediately following the death of their husband, reported that they were helped most in their grieving, were most comforted by their mothers. These mothers, being mostly over the age of 70, were likely to be widows themselves, and Bankoff speculates that it is the combination of the shared experience of widowhood which produces empathy and the mother-daughter relationship which produces emotional nurturance. And the combination is more effective than comforting by friends and children. Later on, presumably, when the acute crisis of widowhood is over, the daughters would be ready to look to friends too, but first they needed the particularly appropriate understanding and comforting of mothers.

At any rate, the point I made in the chapter called "Grandparents, the family watchdogs" was that grandparents continue to monitor their children and grandchildren, ready to jump in when needed -- as we know many grandparents do with good results in situations of teenage parenting and divorce -- but that basically older people are glad to get on with their own lives among their peers. The reason older people who are exclusively involved with their children and grandchildren have lower morale, I suggest, is not only their deprivation of

friendship, but the fact that when they are so heavily involved with family it is because their children and grandchildren are in trouble, and that by itself is enough to sour life.

But a confidant is not enough. It is certainly not enough when you need help, help with money or caretaking when you are sick. If we had our druthers, in fact, a review of recent gerontological caretaking research should convince us that the best way to grow old is along with a spouse, preferably a wife. You are less likely to be institutionalized if your caretaker is a spouse than if it is a child (e.g., Johnson, 1983), although I should hasten to add that children also wait until they are at the end of their rope before they will consider looking for outside help. The difference seems to be that a spouse will actually die first rather than give up providing care. Marriage is still seen -- a least in the cohort now old and in those couples that are still together -- as a "Till death do us part" commitment. And very few older people -- and those not so old -- consider asking friends, even best friends or confidants, for money when they need it.

I find it intriguing to see the different ways we developmental psychologists look at friendship, depending upon the age of the persons involved. If we study preschoolers and young school-age children, we look at topics liked prosocial behavior and weaning away from the influence -- presumably deleterious -- of parents. If it is adolescence that we are

examining, friends are seen as necessary to forming identity, to establishing a generational solidarity that prepares for up-to-date coping with emergent societal issues for which previous family generations are supposed to be unprepared. If it is young adults that we study, friends are seen as facilitators for finding marital partners or as companions in leisure, sometimes as supports in the face of job hassles or as neighbors. In old age, friends are studied as potential supports for the lonely and the bereaved. Actually, the persistent sex difference in affiliation, found throughout life, becomes significant for many adult women and for women in later life, for it is women who have the ability to use friends and women who have little chance of remarrying if they are widowed or divorced, and, therefore, it is a blessing that it is women who find it more easy than men to make friends. But remember, when we talk about the benefits of friends, we need to distinguish between just friends and confidants. Most men use their wife or lover as their confidant. Most women turn to another woman, sometimes kin sometimes not.

There is one other point I wish to make about friendship before I turn to a look at my 3-generation data. And that is a conclusion drawn by a group of us who had set ourselves the task of introspecting about our friends, particularly about how we had become friends and how people who had once been our friends were no longer our friends -- about the acquisition and dissolution of friendship. The conclusion we drew that day was

that our friends were embedded in larger groups that we might call our community. Since we were all developmental psychologists -- except for one developmental sociologist -- we realized that most of our friends were colleagues, and that it was as necessary, perhaps, to belong to this wider community of co-sociates, to partly coin a term, as to have intimates within that community. Neither one alone could serve what I am now bold enough to call our basic human needs for affiliation. We need a community and we need intimates or confidants if we are to find our lives worth living.

Three Generations

I said I would make two points, but really this second point is an extension of the first one. If we can say that the first point is the character of basic human needs related to social groups and intimate relationships, the second one is an illustration of how such relationships are worked out within a social group, in this case, extended families. I have periodically drawn material from my file of open-ended interview protocols of 3-generation same-sex lineages. I am about to do so again. What these data are, are the responses of members of three-adult generations to a set of 12 stem questions designed to elicit what I have called "slices of style." Because all the respondents are more or less adults -- the youngest one is 12 years old while the oldest is 92 -- interviews are the instrument of choice. The most nonverbal adult is still more comfortable

talking to another person than performing a test, going through the motions of an experiment, or filling out a questionnaire. In all these interviews, they were talking to an interviewer, whose instructions were to be reflective, to not ask leading questions, and to record everything verbatim right after the interview. The sample is less than perfect from the point of view of survey researchers because each family was recruited by college students in my undergraduate and graduate classes. The exercise was a didactic one intended to illustrate the kinds of responses made by adults of different ages as well as to show the youngest students that people their parents' and grandparents' ages -- in some cases, even their parents and grandparents -- were real people.

At present, I am reporting the findings of an analysis of these protocols that focused on the correlates of the self-designated health condition of the grandparents. We (Troll & Stapley, in press) looked at both positive and negative affect ratings of the responses, as well as which family members were spoken of in response to questions like, "Think of a man (or woman) whom you know and tell me what he (or she) is or was like." The ratings of affect, health, and family salience or connectedness were made by advanced students who were trained to follow specifically defined three-point codes.

Like most people in this country who are labeled "old," that is, who are over 65 years of age, the respondents in this sample

of about 300 3-generation lines seem in remarkably good health. At least, in common with their age mates, whatever chronic illnesses they have rarely get in the way of their functioning in everyday life. The code for health (poor health) in this analysis was simply a count of the number of mentions of any health problem. A typical poor health response would be "since I can't do as much as I used to." In spite of having no upper limit for the score, the highest obtained in these interview protocols covering at least one hour, is 3. There were, incidentally, 330 women (110 families) and 141 men (47 families). Research on the burdens felt by family caretakers of sick old people reports that there is indeed much stress involved in caretaking, a large part of it from what I would call the relationship factor. That is, the correlations with expressed burden are significant for behavior that is non-responsive or different from previous interactions -- psychologically. The amount of time and effort involved in caretaking does not seem to be significantly related to caretakers' stress. It is, therefore, of interest in my data, how the oldest generations' poor health is differentially related to the happiness, distress, and family saliance of daughters and granddaughers, sons and grandsons.

I will not go into detail about the coding and other aspects of the analysis. The report is now in press (Troll & Stapley, in press) and I will be glad to send copies to those who are

particularly eager for them. Let me just sketch out the findings. First, and consistent with much of the literature, poor health is related significantly to lowered happiness for both the men and women of the oldest generation. This is lowered happiness, mind you, not increased distress. The correlations are significant for positive affect, not for negative, the two measures being distinct from each other. Those grandparents who are in poor health, or who refer to poor health, have a lowered happiness, a lowered enjoyment of life, if you will, but are not necessarily distressed. This is as compared with grandparents who do not report poor health. The effect of their health status -- perceived -- on the affect of their adult children and grandchildren, however, is much less profound. Their middle-generation daughters' happiness does not seem to be affected, but their daughters' distress level is higher. Since in many of these cases, it would be the daughters who would be involved in caring for their mothers, this makes sense. We are talking about the "women in the middle," those experiencing the "generation squeeze" to use two common expressions. Remember, all of them also have adult children -- and many of them even have young grandchildren. Middle-generation sons whose fathers report poor health do not seem to be affected by this, at least so far as their happiness or distress is concerned.

Now let us consider family connectedness, measured by whether or not it is a relative that is referred to in describing

a person at random. First, I should mention that family connectedness "runs in families." Individuals who mention relatives often, tend to mention relatives of all generations, older than they, younger than they, and their own age. And the other two members of their lineage, their mother and daughter, if they are middle-generation women, for example, also mention many relatives spontaneously.

Those older women whose health is troubling them are somewhat more likely to talk about their family in a global way -- to say "my family" rather than refer to specific individuals -- than older women who do not talk about health problems. Older women who are happy, incidentally, are likely to refer to younger family members, or perhaps it is the other way around; when grandmothers talk about, spontaneously, younger family members they sound happy. The daughters of the poor-health grandmothers, for their part, are more likely to talk about younger family members. And their daughters, the granddaughters of the sicker old woman, don't seem to be influenced in their family connectedness. Presumably, the sick grandmothers are depersonalizing their kin, their daughters are seeking solace from their distress in the thoughts of younger family members who could be bringing them "nachos" rather than "tsoris." And the granddaughters are so involved in their own affairs of either finding someone to raise children with, raising children, or starting a career. These are lower-middle class and working class families, by and large.

The men show a different pattern. Older men who mention poor health are not more likely to mention family members and they show no relation between family members and affect. But their sons are likely to talk about family in a general way -- like the ailing grandmothers. What seems most intriguing is the relation between the grandfather's health and their grandson's family connectedness. Grandsons only mention family members if their grandfather is not in poor health.

There are more intriguing relationships here, but it is hard to follow too many at once. The main point I wish to make is that the family as a whole is deeply and intricately involved with each other and that they respond in generation-linked ways -- in ways related to their family position as well as their life situation -- to each other.

My bottom line is complexity. We need human relations of different kinds. And our thoughts and feelings vary with our family positions and linkages.

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